2001 UNIFORM BUSINESS REPORT (UBR)

Mar 30, 2001 8:00 am Secretary of State DOCUMENT # P94000058148 1. Entity Name REXROTH ENTERPRISES, INC. 03-30-2001 90311 002 ***150.00 Principal Place of Business Mailing Address 17211 CHARLEE ROAD 17211 CHARLEE ROAD PUNTA GORDA FL 33955 PUNTA GORDA FL 33955 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0508200 Not Applicable Zip Country Country \$8.75 Additional П 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HORNER, MICHAEL J Street Address (P.O. Box Number is Not Acceptable) 222 NESBIT STREET PUNTA GORDA FL 33950 Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. S-D Change ☐ Addition T/T) E ☐ Delete TITLE REXROTH, DONNA J NAME 17211 CHARLEE ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **PUNTA GORDA FL 33955** CITY-ST-ZIE Change ☐ Addition ☐ Delete TITLE TITLE REXROTH, TERRY L NAME NAME STREET ADDRESS 17211 CHARLEE ROAD STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP PUNTA GORDA FL 33955 ☐ Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Delete TITLE ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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941-627-1669

Daytime Phone #

FILED